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A. F. SCHULZ BALTO

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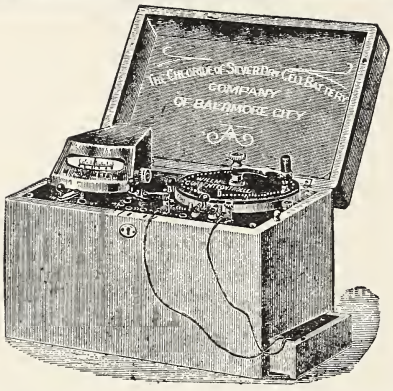

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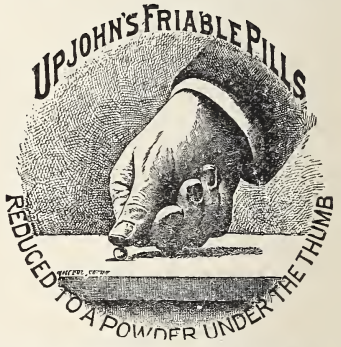

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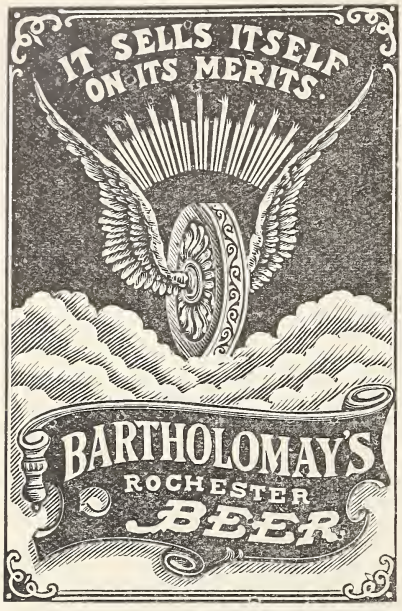

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Professor of Chemistry in the Bellevue Hospital Medical College, New York.

NEW YORK, December 3, 1896.

Dr. E. C. LAIRD, Resident Physician,
Buffalo Lithia Springs, Va.

Dear Doctor :—

I have received the five collections of **Disintegrated Calculi**, each collection containing a number of fragments, and also the three boxes, each containing a single Calculus, mentioned in your letter as discharged by different patients while under treatment by the **BUFFALO LITHIA WATER, Spring No. 2.**

I have analyzed and photographed parts of each specimen, and designated them alphabetically.

One of Calculi from collection marked "A" was 5/16 of an inch in diameter, of an orange color, and on section exhibited a nucleus surrounded by nine concentric layers of a crystalline structure. On chemical analysis it was found to consist of **Uric Acid** (colored by organic substances from the urine), with traces of Ammonium Urate and Calcium Oxolate. A fragment of a broken down Calculus from the same collection was found to consist of **Uric Acid.**

One of the fragments taken at random from the collection marked "B" which was still more disintegrated than the preceding one, proved on analysis to be composed chiefly of **Uric Acid** and Ammonium Urate, with a trace of Calcium Oxolate.

The contents of the boxes marked "C" consisted chiefly of whitish Crystalline materials. On microscopic examination they exhibited well defined and prismatic crystals, characteristic of "Triple Phosphate." On chemical analysis they were found to consist of Magnesium and Ammonium Phosphate (triple phosphate), Calcium Phosphate, Calcium Carbonate a trace, Sodium and Potossium Salts in traces, Uric Acid and Urates none, Calcium Oxolate none, Organic debris in considerable quantity, and matters foreign to Calculi.

The fragments of Calculi in the collection marked "D" were numerous, and of sizes varying from small fragments to 7/8 inches in length, 5/16 inches in width and 5/16 inches in thickness. Some of the fragments were white and others were gray in color. On chemical analysis they were found to consist partly of the variety known as "Fusible Calculus," Ammonium and Magnesium Phosphate with Calcium Phosphate also, Calcium Phosphate, Calcium Carbonate in traces, Calcium Oxolate in traces, Uric Acid in traces and Organic matter.

The Calculus in collection marked "E" were nodulated and nearly spherical in shape, consisting of Crystalline layers from 3/8 to 1/4 of an inch in diameter. They were of a brown color, and on analysis were found to be chiefly Uric Acid, with some Ammonium Urate and traces of Organic matter.

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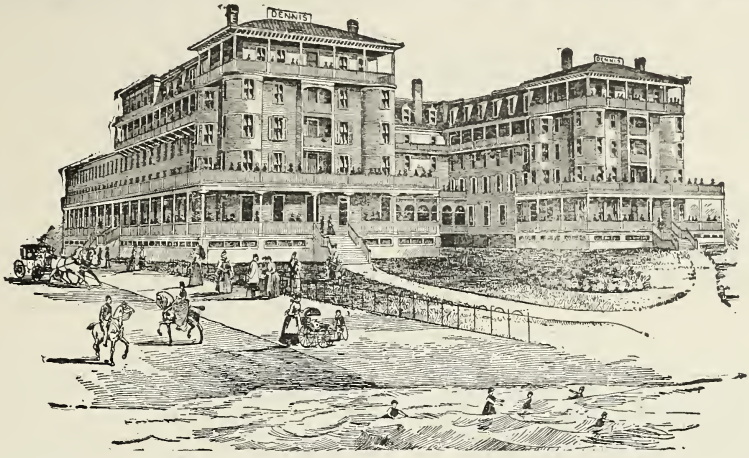

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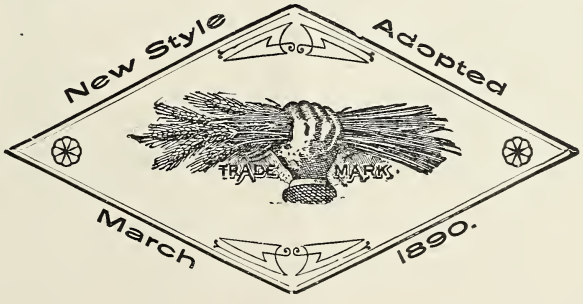

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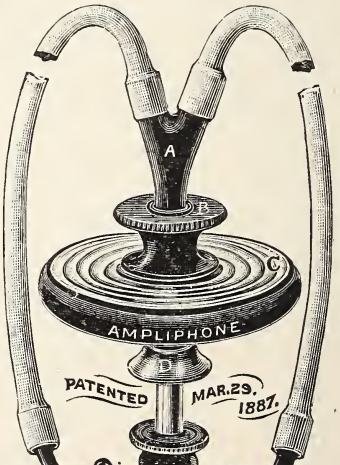

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Original Articles.

SOME PHYSICAL AND THERAPEUTIC FACTS ON STATIC ELECTRICITY.

By Francis A. Bishop, M. D.,

President of the Medical and Surgical Society of the District of Columbia, Vice-President of the American Electro-Therapeutic Association, Director of the Electro-Therapeutic Clinic at the Eastern Dispensary, Washington, D. C.

READ BEFORE THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, WEDNESDAY, JANUARY 27, 1897.

As THE galvanic current by chemical action decomposes water, and as the constituent elements are separated, the oxygen is attracted to the positive pole and the hydrogen to the negative pole. So static electricity, by chemical action, decomposes air, and as its constituent elements are liberated the oxygen is attracted to the positive pole in a condition known as allotropic oxygen, or ozone. Very large quantities of ozone are generated by any electrostatic machine in motion; and from this fact Adkinson claims that it "is conclusive evidence of the action of the machine on air, from which we must infer that the electric energy of the air itself is brought into action by the inductive action or the machine, producing ozone."

There are many methods of producing ozone, but undoubtedly the most abundant supply is by the action of the electrostatic machine on air. This is very evident to any one who uses the static machine; for instance, if the air is quite dry, and the atmospheric resistance consequently very great, when the machine is set in motion and the discharging rods separated, the air becomes supercharged with ozone and the odor and taste is very perceptible. And as oxygen in any form of electrolysis accumulates at the positive pole, it is natural to suppose that in static electricity the oxygen of the air in the neighborhood of the negative pole is diminished, while it is condensed at the positive pole.

It is the nature of static electricity to accumulate upon globular masses, and when approached by a surface or another globular mass connected with the earth, a disruptive discharge is the result; while a fine point or brush produces a convective discharge.

In view of these physical facts my static cage has been constructed. It consists of a circle of wire netting, brass chains from the top; tinsel brushes are fastened to the inside of the cage and to the brass chains above. The patient is placed inside the cage, upon a metal covered insulated platform; the platform is attached to the positive pole of the machine and the cage to the negative pole; and when the machine is set in motion the current is drawn from the patient by every tinsel brush in the form of a convective discharge. The result is a tingling sensation over the entire body. The head being a globular mass, the positive current is more con-

centrated at that point, consequently the allotropic oxygen accumulates thickly around the head and face. This necessitates the inhalation of the oxygen, while the exhalations are carried off by the current as a convective discharge.

The entire surface of the body is at the same time subjected to a most delightful stimulating brush discharge that intensifies the peripheral circulation and often produces a pleasant and healthy glow, with a feeling of comfort and exhilaration which lasts from one to several hours. Metabolism is made more active, carbon dioxide eliminated, the volume of urine is often increased; and that the blood is directly acted upon is often very evident by the rosy hue that comes to the cheeks. This treatment I call my ozone bath, and is used with all delicate subjects, as a general tonic, whether they are treated by medcine, other currents, or both.

Experience has taught me to use some precaution in treating for the first time very delicate subjects, as all patients at first are not affected alike. One case of chorea complicated with chlorosis, on two occasions, had to be taken quickly from the cage and placed in a recumbent position to keep her from fainting. But by carefully regulating the flow of current, she gradually improved, until she could stand the full supply; after which she made a very rapid recovery. After the first week it was very interesting to note the healthy glow on that young girl's cheeks after each treatment.

I have now under treatment a case of chorea of three years' standing, in a young girl of eighteen years of age. This case was brought to me by Dr. Louis Johnson and was quite a severe one. The lower extremities were principally affected and the case had many symptoms in common with posterior spinal sclerosis. She has received treatment on an average of only once a week for about three months. She can now walk alone for two or three squares; when she first began treatment she could not walk, or stand, without assistance, nor could she get on and off the stool that I use with my static machine. This she does now without difficulty. Amenorrhea and dysmenorrhea I find yield more readily to local treatment when followed by tonic treatment in the cage with the ozone bath.

An interesting case is that of a lady, who had been treated by me several years previously and cured of a very acute attack of nervous exhaustion, with such symptoms as insomnia, flushes of heat, constant fear of becoming insane, palpitation, with dread of sudden death. Her principal obsession was that she had committed some unpardonable sin and that her soul would be lost. This patient remained perfectly well for more than two years. She then, during a very fatiguing journey, began to experience some of her old nervous symptoms, accompanied by suspension of the menstrual functions. A trip to Carlsbad and a series of mud baths intensified her troubles. A rough ocean voyage, returning home, completed the nervous break-down. She was in a most pitiable nervous condition when I saw her. All her old symptoms had returned. Twenty minutes in the ozone cage every day for ten days, and then every other day for two months, restored the menstrual function and cured her completely.

A gentleman who was treated locally by galvanism for a tubercular ulceration was put daily in the ozone cage and made to inhale deeply during the treatment. The ulceration healed and the patient gained ten pounds in weight. He has gained in strength and his ability to withstand fatigue has correspondingly increased. This case was referred to me by Dr. James Kerr of this city. Nearly all cases treated have been benefited where the constitution has been weakened by the fatiguing effects of prolonged acute disease, leaving the patient in a nervously prostrated condition, or where the demands of society have threatened the delicate constitution by sapping the little reserve force it possessed.

There is another class of patients who are treated in the static cage by another method. This I have called "The General Static Oscillation." Here

the cage and platform are connected to small Leyden jars ; or, if I desire a very mild effect with increased number of oscillations, two small static induction coils are introduced into the circuit. When this is done the patient is subjected to an oscillation of several hundred thousand periods per second and representing a pressure of several thousand volts. The class of patients who are mostly benefited by this method of treatment are those suffering from the effects of a sedentary mode of life, who are dyspeptic and whose flesh is flabby when metabolism is sluggish. Ten, fifteen, or twenty minutes of general static oscillation produces a comfortable sense of warmth, accompanied by a gentle perspiration over the entire body.

It is found very useful with invalids who are unable to take gentle exercise, and in many cases in which the general system has suffered materially in consequence of a prolonged and painful local trouble, this treatment has been found to aid very much in the cure of the local lesion. When we stop to consider that the patient is placed in a circuit with an alternating current of very high potential and great frequency and that every tissue of the body is made to vibrate with the vibration of the machine—and that so gently as to be absolutely agreeable—it is very natural that we should expect powerful therapeutic and physiological effects. In suitable cases our expectations are usually verified when the patients stick long enough to the treatment. The great trouble is that patients who have tried nearly all other methods of treatment, and have suffered sometimes for years, imagine that when they take electrical treatment they ought to be benefited at once.

I am told by patients that they have been instructed by their family physician to come and try electricity for a week or so. Now, there are no very chronic cases with which I am familiar that can be much benefited by electrical treatment in one or two weeks. But they can often be benefited and frequently cured by treatment continued as long as treatment is necessary, which may be several weeks or several months. The treatments are modified to suit each case ; and there are many methods of localizing the current upon parts directly affected. Several cases of spinal irritation have been greatly relieved by localizing the brush discharge upon the tender parts and giving it general treatment with the oscillating current.

The static spark is administered by the brass ball electrode, the size of the ball being graduated by the local effects desired. A large ball gives a heavier spark than the smaller one. For this reason, as before stated, static electricity accumulates upon globular masses and the larger the mass the greater the accumulation. So when the discharging rods are separated and the brass balls brought near the body (the body of course representing the other pole of the battery) a disruptive discharge is the result ; for the electrostatic discharge accumulates upon the ball until the tension is sufficient to overcome the intervening air space between the ball electrode and the patient, provided, of course, the space is not so great as to offer a resistance greater than the power of the machine. And the larger the electrode the greater will be the accumulation and the heavier the disruptive discharge. As air offers very high resistance to the current as it passes from pole to pole in the form of a disruptive discharge, it produces both heat and light, accompanied by a snapping sound, and strikes the patient with such force that it is impossible for a very nervous or very delicate subject to stand it until they have been gradually brought to it, beginning with mild treatments and increasing the severity as tolerance is established.

All who are familiar with static electricity are also familiar with the use of the static spark, which is undoubtedly the most powerful stimulant to muscle and nerve reaction that can be safely utilized. It seems to impart to the flabby muscle new life and by means of its high potential passes deeply into the tissues, modifying nutrition and thereby helping to restore healthy activity. Deep-seated pain, when not the result

of acute inflammation, is more quickly and thoroughly relieved by the static spark than by any other method known to me. Degenerated and paralyzed muscles are more quickly benefited and oftener restored by the static spark than by other means. Joint lesions and exostoses are often materially benefited by the heavy spark. Arthritis deformans has been benefited by the heavy spark when all other methods have failed.

Each and every method of applying the static current has its peculiar place in electrotherapy. Sometimes one method is better suited to a special case and sometimes another and very often two or three methods are used in the same case during one treatment.

Every new discovery in high tension currents seems to find an important place in medicine on account of some physical, physiological or therapeutical effects peculiar to this current. One of the latest marvels and one which has opened up a new field to the scientific worker is the discovery of the *x* rays by Professor Röntgen. And in this line of research the static machines are sharing the honors, at least equally, with the Ruhmkorff coils and other high tension apparatus. With my machines I have produced good *x* rays, as exhibited by the fluoroscope, and have taken some very good photographs of the bones of the hands and arms. Professor W. J. Herdman of the University of Michigan writes me that, with the proper tube, he is able to get better defining power from the static machine than from the Ruhmkorff coils. Such a statement from so eminent an authority is quite encouraging to those experimenting with the static machine. My experiments have been conducted by the aid of a single reflector tube and the work done has been quite good. Perhaps with a double reflector tube better work might be done with the static machine. These tubes are expensive and require careful handling to avoid breaking.

In conclusion, Mr. President, I claim that in order to use electricity to the best advantage in the treatment of disease, in the light of recent discoveries, in high tension currents, and the constant advance upon these lines, a good electrostatic machine is a necessity; and a perfect knowledge of its mechanism and how to use it and keep it in perfect order is equally important to obtain satisfactory results.

THE TREATMENT OF SYPHILIS.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 14, 1896.

FOURTH PAPER.

This young colored man has just arrived at the voting age and he is a good object lesson for the study of syphilis. Not as classical a case as we presented to you the other day, where we could see the initial lesion, with the chain-like lymphatics leading up to a bubo above Poupart's ligament and the macular syphiloderm, extending over his abdomen and body. That was an exhibition of primary and secondary syphilis.

If this young man has syphilis, it probably dates back three or four years —that is, he exposed himself at the age of puberty and that is very apt to be the case in any race all over the world. Dr. Arwine has failed to find any induration on the prepuce or glans penis and there is no enlargement of the glands in the inguinal region, but we find enlargement of the sub-maxillary and epitrochlear and there are mucous patches in his mouth. On these symptoms alone we have good reasons for forming a diagnosis of syphilis.

Now I call your attention to this big scaly-looking patch, that covers almost all of his right cheek; there is also a

smaller patch on the left side of the face and still another on the right ear. In my opinion it is a so-called tubercular syphilide. Had we not already made a diagnosis of syphilis, we might mistake it for lupus vulgaris. By the way, the name of tubercular was given to this syphiloderm long before the birth of Koch, who discovered the bacillus tuberculosis. Lupus is really the tubercular disease of the skin. The micro-organism is the same. It is identical in histological structure with that found in the internal and most vital organs.

Let us examine this large patch on the right cheek. You notice that around the edge there are groups of well marked so-called tubercles. The whole surface of the patch is scaly. You notice that in the center there is a tendency to heal. Here and there are rings of tubercles. This form of syphiloderm has been diagnosed to be ringworm. Some patients may tell you that it began as one. On account of the scaliness, it might be mistaken for psoriasis.

Now this young man, before he came to us, had been taking Fowler's solution of arsenic and he tells us that he has continued up drop by drop, until he can take twenty drops three times a day. Arsenic seems to be a cure-all with many physicians. I understand, however, that he was being treated for purpura hemorrhagica. This is the first time that I ever heard of its having been used in the treatment of that complicated and hard to define disease.

I had a patient, who had the stainings left by a polymorphous syphiloderm ot the body and legs. This patient, while visiting friends in a western city, consulted a most eminent specialist, who diagnosed purpura hemorrhagica "an exceedingly interesting case, which he intended to publish, as he had only seen three cases just like it." The doctor stopped all treatment, excepting that of ergot, and gave full instructions as to diet, etc. Shortly after the patient's return to Washington, that most beautiful case of purpura had developed into a typical case sf syphilitic lichen.

There is another variety of the so-called tubercular syphilide, which Hyde calls the resolutive. It occurs generally from the third to the sixth year of the disease. The face is a favorite seat for this form of syphiloderm. They look like exaggerated papules. They vary in size from that of a pea to a walnut. Occurring on the forehead, they give the lion-like expression (syphilitic leontiasis), which looks like leprosy. Syphilis resembles leprosy in more ways than one and many think that they are the same disease. Fitch of the Sandwich Islands, who has seen as much of leprosy as anyone, calls it the fourth stage of syphilis. This variety of syphiloderm (tubercular) may be mistaken for something else, as I will show by examples.

About three years ago, a gentleman called at my office, to consult me about his nose. It was not "a thing of beauty," which Keats says is "a joy forever." The fact is if he had waited a little longer, his nasal organ would not have had an abiding place on his face. The physician who had been attending him christened it "acne rosacea tuberosa." The bloom had gone when I first saw it, for the doctor had cut deep incisions on each side of the alae nasi down to the cartilage. I suppose he thought that a little depletion of the organ would do it good, and that any change would be an improvement. This was a case of tubercular syphiloderm or lupus. Syphilis will not lie, if the patient does. How the devil must laugh when he hoodwinks the doctor! Those who "laugh last, laugh the best." Get ready with your therapeutic test and the devil will cease to grin.

I ordered in this case applications to the nose of the inunctions of oleate of mercury, 10 per cent., and gave internally iodide of potassium until he took thirty grains three times a day, when there were symptoms of coryza, showing that the patient had taken as much as he could stand. In less than two weeks the man had a most respectable nose. The hypertrophied condition was gone, but there were the scars on either side of the alae nasi; but the improvement was so great that he was willing to forgive everyone and after two years I was

rewarded with a recompense so infinitesimally small, that it would have been a waste of ink to have recorded it.

Some years ago, I was present at a clinic, when a middle-aged woman came in with a puffy nodulated-looking upper lip. She said that it had been called a cancer and that a surgeon wanted to cut it out. There were two present who consulted together and could not agree. One said it was lupus, the other said it was epithelioma, and, by the way, both surgeons were of foreign birth and education.

Upon opening the woman's mouth, a perforation was found on the hard palate which was caused by syphilis. In plain words, neither surgeon was right; it was a tubercular syphiloderm. When the patient was placed on specific treatment it was wonderful to notice the improvement. In two weeks the lip was perfectly normal.

We have portrayed the virtues of iodide of potassium. Now let us take up our imaginary easel and pallet, and paint the dangers which sometimes hover around that angel of cure. We will begin with this not inappropriate quotation,

> "What's one man's poison, signor,
> Is another's meat or drink."

This holds goods as far as the action of drugs is concerned. What cures one may kill another. Iodide of potassium is no exception to the rule. You all know that the bromides and iodides will cause an acne-form eruption, which is very distressing to the patient and annoying to the doctor, for he has to suspend treatment and lose valuable time. There may be other effects produced, which are exceedingly alarming, and it is well for us to be always on guard. That is what makes a good soldier and a good physician.

I remember that a few years ago, a comrade physician was called out of town. I was requested to call on a patient for him. I found a man who imagined himself to be a king, and he was revelling in fancied wealth. He was going to reform the world. In fact, his delusions were beautiful to him, but most distressing to his family. I was "completely at sea," as it is said, and with nothing to anchor a diagnosis on. I finally, after much questioning, ascertained that he was taking from thirty to forty drops a day of a colorless liquid in milk. It was iodide of potassium. I discontinued it, and ordered big doses of sulphonal. Next morning he still had delusions, but not nearly so violent. I called in consultation Dr. Godding, superintendent of the Government Hospital for the Insane. He thought that perhaps the delusions might become fixed ideas and sent me one of his assistant physicians to remain with the patient one week. The delusions gradually disappeared and Dr. Godding and myself were rewarded with thanks only.

I find in one of my scrap books an article on the dangers of iodide of potassium, that ought to be in the mind of every practicing physician. I do not know who the author is, but I obtained it from the pages of *La Semaine Médicale*, several years ago. I give the entire article, as every sentence is pregnant with wisdom, which may bear fruit and come to you at a time when it will be most welcome.

"Although, in the vast majority of cases, potassium iodide is well tolerated or provokes merely symptoms of iodism, often disagreeable but not grave, it sometimes happens that, under its influence, terrible accidents occur which can even cause death.

"During the last three or four years grave intoxications from potassium iodide have been reported by various authors. These facts are at variance with the old idea which considered phenommena of iodism unimportant. The particular idiosyncrasy in patients by virtue of which potassium iodide can have evil consequences is met with—as intimated above—very rarely. However, it is of great practical interest; for, with a substance so frequently employed as potassium iodide, the physician is very apt to meet a patient presenting intolerance for this medicament.

"The questions now arise in one's mind —What are the grave accidents liable to be produced by potassium iodide? In what conditions and in consequence of

what doses do these accidents supervene? What are the means of preventing and combating them? The answers, briefly stated below, are such as the clinical facts thus far observed permit of giving to these important questions.

"The grave accidents provoked by iodine usually assume the form of edema of the glottis. It is well-known that, among the phenomena of iodism, serious infiltration of the eyelids is a quite frequent occurrence. It is therefore not astonishing that the serous imbibition observed in the eyelids can show itself also in the larynx. There obtains then edema of the glottis with its customary symptoms of suffocation. Of the cases of iodic edema of the glottis thus far observed, some have terminated fatally; others have recovered—either spontaneously, or in consequence of tracheotomy.

"In some patients the iodide intoxication manifests itself in the form of a generalized cutaneous eruption, resembling bullous pemphigus. This happens most frequently in subjects affected with nephritis. The latter disease therefore favors iodic intoxication. Acute iodic edema of the glottis having been observed in individuals presenting no abnormality that could explain its appearance, it must be admitted that this edema is often due to an idiosyncrasy, the nature of which we are as yet completely ignorant of.

"The doses of potassium iodide that bring on edema of the glottis are, in general, small ones. In the cases reported by Professor Fournier of Paris, they were of 1 gramme (15 grains), 50 centigrammes (7½ grains), and even 20 centigrammes (3 grains). A single dose of 0.2 gramme (3 grains) has produced edema of the glottis in a few hours.

"In regard to this subject a still more striking fact, recently reported by Dr. L. Kessler of Dorpat, might be mentioned; this author has seen the terrible symptoms of edema of the glottis supervene in a woman in whom he injected, per vaginam, a teaspoonful of a 1 to 3 solution of potassium iodide.

"As already mentioned, edema of the glottis seems to follow most usually the use of small doses of potassium iodide—which fact agrees with what is known of the mild phenomena of iodism (coryza, frontal headache, conjunctivitis, etc.), which are often more intense when the potassium iodide is administered in small quantities than when the same medicament is given in large doses. Thus, in some patients with psoriasis, Dr. Haslund claims to have administered with impunity as much as 40 grammes (10 drachms) of potassium iodide daily; Dr. Gutteling, even 57 (14½ drachms).

"For a long time attempts have been made, with various means, to combat the customary accidents of iodism. It has been recommended to ingest the iodide with a large quantity of milk and to simultaneously administer certain medicaments, such as belladonna extract in daily doses of 0.1 gramme (1½ grains), potassium bromide (in doses double those of the iodide), etc.

"These means may be tried occasionally; but there is still another, lauded by Drs. Röhmann and Malachowski of Breslau, as superiôr to all others; it is sodium bicarbonate. These authors based their idea of employing the latter medicament against the phenomena of iodism on the chemical consideration that alkalinization of the blood ought to prevent the liberation of iodine from potassium iodide in the body.

"The practical application of this idea has fully confirmed the prophecies of Drs. Röhmann and Malachowski. An experience of more than two years has convinced the latter investigators that the symptoms of iodism can be mitigated and even suppressed by administering, simultaneously with the iodide, 5 to 6 grammes (75 to 90 grains) of sodium bicarbonate daily in two doses."

From the facts thus briefly stated the following conclusions are drawn by the journal quoted:

"1. Before administering potassium iodide it is well to be assured of the integrity of the patient's renal filter. Of course, a lesion of the kidney is no absolute contra-indication to the use of

potassium iodide; for the good effects of this medicament in certain forms of nephritis (chronic interstitial nephritis) are well known. Potassium iodide may therefore be prescribed in these cases if necessary, but it should be given in small doses and its action watched.

"2. If the kidneys are sound the possibility of a special idiosyncrasy to the medicament must still be considered. For this reason it is advisable to administer the potassium iodide from the beginning with sodium bicarbonate and to give the former in the usual dose (not in small doses, which provoke edema of the glottis more readily than large ones); it is well also to watch the patient during the first few days so as to be able to take the necessary steps (tracheotomy, etc.) at the slightest indication of glottic edema.

"3. The sodium bicarbonate can be tried also against the usual symptoms of iodism which, although benign, are nevertheless annoying to the patients."

Alfred Stillé says: "In rare cases iodide of potassium produces an effect which is not so unusual after the prolonged administration of iodine—atrophy of the testicles."

On October 20, 1881, Dr. C. S. Bull read a paper "On the Lesions of the Orbital Walls and Contents Due to Syphilis" before the New York Academy of Medicine. The treatment recommended was mercury and iodide of potassium and in some cases it had been found necessary to reach very large doses of iodide of potassium before the symptoms of the disease began to yield.

In the discussion, Dr. J. W. S. Gouley said he had for ten years, and in accordance with a suggestion which he received from Dr. Meredith Clymer, been using the iodide of sodium instead of the iodide of potassium, believing that it was the potassium and not the iodine which was the toxic agent. He had found that large doses of iodide of sodium were much better borne than were equally large doses of iodide of potassium; and besides, the sodium salts in the same quantity had no tendency to produce sclerosis of the kidneys. He condemned the excessively large doses of iodide of potassium, so frequently given, and believed that the physician who gave an ounce of the drug daily and continued it for weeks and months was guilty of malpractice. The syphilis might be cured, but the patient very likely would be killed by the chronic interstitial nephritis developed by this excessive and prolonged administration of the iodide of potassium.

I find in the *Medical Record* of November 28, 1896, the following: "Dr. Briquet advises the use of iodide of sodium when the potassium salt is not well borne. Ammonium iodide is often very serviceable in the tertiary stage." For years I have been prescribing iodide of sodium in place of iodide of potassium to certain patients who could not take the latter. I have also for a number of years always added the iodide of ammonium in my secondary and tertiary mixtures.

It is very important to remember not to prescribe sulphate of quinine to any patient who is taking potassium iodide, for mutual decomposition of the two medicines takes place and iodine is liberated, which may act poisonously.

Alcohol as a Disinfectant.—Absolute alcohol is strongly recommended by Professor Fuerbringer and Dr. Freyan, of the Friedrichshain Municipal Hospital, as a disinfectant for the hands. They have tried its germicide action more than 200 times, and prefer it to other disinfectants for the hands. They first wash and brush the hands, and then rub each hand for about two minutes with a piece of gauze or flannel dipped in the absolute alcohol, and finally rinse with a solution of carbolic acid or lysol, or of corrosive sublimate.

* * *

Warm Solutions of Cocaine.—According to Da Costa, as quoted in the *Medical Review of Reviews*, a warm solution of cocaine produces a more rapid, more intense and more lasting effect with less danger.

A CASE OF PLACENTA PREVIA.

By John I. Pennington, M. D.,
Baltimore.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, NOVEMBER 9, 1896.

In response to an invitation of Dr. Waters, a member of the Executive Committee, to read a paper, or report a case, before this Association, I will report a case of placenta previa. The subject being one of great importance, a concise review of the literature may be profitable as well as interesting; especially so since it may suggest points for discussion which might be passed unnoticed were I only to report the case.

Of the three varieties of attachment recognized, those of the lateral and partial occur more frequently than the central, the latter being extremely rare. The condition in either variety, however, fortunately is of rare occurrence.

Müller found 813 instances in 876,432 births, or not quite one case in a thousand. In the Emergency Hospital of New York between 1500 and 1600 women are reported to have been confined with not a single case of placenta previa. Lomer estimates the minimum frequency in Berlin at one in 723 births; six multiparae to one primipara.

The causes of placenta previa are unknown. Müller believes it to be due to an abortion begun at an early period, but arrested at the lower uterine segment, to which the villi attach themselves, and enable the ovum to continue its development.

The most important feature connected with placenta previa is the liability to hemorrhage. And this may occur at almost any time after the sixth month. The tables of Müller show that the first hemorrhage, in complete placenta previa, occurs most frequently between the twenty-eighth and the thirty-sixth week and in the incomplete form it takes place most commonly after the thirty-second week. It may not occur until the beginning of labor. The hemorrhage is usually sudden and without warning.

In the case that I shall report, it occurred on two occasions in the night, while the patient was asleep.

The mortality of placenta previa according to Müller is from thirty-six to forty per cent. for the mother, and nearly two out of three children are born dead, and more than half of those born living die within the first ten days. Others report a much lower mortality. Thus Lomer, in his report of cases which occurred in the University Hospital for women, in Berlin, gives 101 of 9 individual cases with 7 deaths; Hofmeier reported 37 cases with 1 death; Behm, 35 cases with no maternal death. Thus in 178 cases occurring in the practice of 11 individuals, there were 8 deaths, a mortality of but 4.5 per cent. Lomer had no death in 16 cases.

Recent authorities all, I believe, agree that after the first hemorrhage occurs, it is important to deliver the child as soon as possible. Lusk, in his work in midwifery, says: "After the occurrence of the first hemorrhage after the seventh month of pregnancy, there is no safety for the mother so long as pregnancy lasts," and he further says: "the wisdom of delay as advised by most authorities is open to serious question." He thinks that the life of the child after the thirty-second week is less imperiled by the induction of premature labor, than by exposing it to the dangers of continued gestation. Lusk advises when the os is rigid and not dilated sufficiently to admit the finger, to pack the vagina with disks made of cotton dampened with a two per cent. solution of carbolic acid, with the aid of a Sims' speculum.

Lomer, in his valuable contribution following his experience with that of Behm and Hofmeier, who together had saved 92 out of 93 patients under their personal care, by means of the Braxton-Hicks method of bimanual version, lays down the following rules:

"1. Turn by the bimanual method as soon as possible.

"2. Pull down the leg and tampon the ruptured vessels of the placenta with it and the breech of the child.

"3. Do not extract the child then.

"4. Do away with the plug as much as possible. It favors infection and valuable time is lost by its application.

"5. Do not wait to turn until the cervix and os are sufficiently dilated to admit the hand.

"6. Turn as soon as you can pass two fingers through the cervix.

"7. Use chloroform freely.

"8. Rupture the membranes at the margin of the placenta. If this is not feasible, perforate the placenta.

"9. The next part of the treatment is expectant."

My case occurred on the 31st of July, last. Mrs. M., a young married woman who menstruated last on or about November 5, 1895. Shortly after became pregnant for the first time; nothing beyond the usual morning sickness occurred until May 3, 1896, when she had an acute attack of dysentery, which lasted three or four days. After her recovery from this attack, she remained quite well until the 28th of May. On the day before, when getting out of a car, she came suddenly down on the pavement, jarring herself considerably. This may account for what occurred the next morning.

About four o'clock she was aroused from her sleep by a hemorrhage, and upon examination found that she had lost quite a large quantity of blood. The hemorrhage continued in less quantities for three days.

She recovered from the attack, however, and went on to full time, when she again was taken with hemorrhage during the night while asleep. I was sent for and upon examination found her bleeding freely. The os was rigid and firm, dilatation had not commenced and she was not having labor pains; suspecting placenta previa, I returned to my office for my satchel which contained the necessary things for the treatment of the case.

I at first gave her a hot vaginal douche of a strong solution of alum, which did no good. The bleeding continued as before. I then washed out the vagina with a 2 per cent. solution of creoline, introduced a Sims speculum and tamponed the vagina firmly with iodoform gauze. I placed a pad of the same over the vulva, and confined the whole with a T bandage. This I allowed to remain in for about six hours, when it was expelled by pains which in the meantime had come on. I again washed out the vagina with the creoline solution, because in addition to its antiseptic properties, it is somewhat of a lubricant and does not leave the vagina so dry and constringed as do other antiseptics. An examination then showed that the os was dilating and had thinned down considerably.

I sent for my neighbor Dr. Hemmeter, who very kindly came at once to my aid and upon consultation agreed that it was best to proceed to deliver as soon as possible. The patient was anesthetized with chloroform; I rapidly dilated the os and on passing my finger into the uterus, I found the placenta attached to the right side of the os, extending over and covering it, to the left side, from which it was easily detached. The woman being thoroughly under the influence of the anesthetic, I passed my finger into the uterus and found the head presenting in the occipito-posterior position.

Believing I could deliver more promptly and with greater safety to the child, should it be living, with the forceps than by version, I applied the forceps, which I fortunately succeeded in doing without much trouble or delay, I then brought down the head and thus for the time being tamponed effectually the bleeding vessels. The patient being in fairly good condition though she had lost a large quantity of blood, I then made haste slowly. My object now was to do as little violence as possible. I, however, delivered her in about a half hour. The child was dead.

The placenta upon examination was found adherent, and was removed with considerable difficulty. The uterus contracted promptly after the delivery.

From this time she lost very little blood. The perineum was slightly ruptured, which I repaired at once. In a few hours I left my patient resting fairly well, when we consider the ordeal through which she had passed.

The next morning I found her doing well, and she would have had a good recovery, I believe, but for an attack of acute rheumatism which occurred on the twelfth day and proved to be quite annoying for some little time and prolonged her illness far beyond the time at which she would have gotten up had this complication not supervened.

You will observe that I did not follow the rules laid down by Lomer. When I found that I had the head in the occipito-posterior position, it occurred to me that it would be difficult to turn without passing my hand into the uterus and grasping the foot and thus bringing it down. The time consumed in dilating the os sufficiently to admit the hand could be better utilized, in my judgment, by the application of the forceps, which could be done at an earlier period, and with less dilatation than necessary for the introduction of the hand. I applied the forceps, fortunately with little delay, brought down the head, and thus arrested the hemorrhage.

The points to which I wish to call special attention for discussion are: The propriety of using the tampon. The choice between version and delivery by the forceps and also (though I have not spoken of it before) the choice of the anesthetic. Some authorities object to the use of chloroform where the loss of blood has been great. We used chloroform in my case, and had no reason to regret doing so.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD NOVEMBER 9, 1896.

Dr. Wilmer Brinton, President pro tem. Dr. J. G. Jeffers was unanimously elected to membership.

Dr. E. Dorsey Ellis exhibited some temperature charts representing eight cases of typhoid fever treated with carbonate of guaiacol, all of whom recovered except one, a boy aged 11. In this case the temperature continued between 104° and 105° until death, which occurred on the eleventh day. Nervous symptoms developed, which resembled cerebro-spinal meningitis, but Dr. Ellis thinks that the case was one of enteric fever. The treatment employed was that known as the Woodbridge, the essential ingredient of which is carbonate of guaiacol. Turpentine in emulsion flavored with cinnamon and cloves was also administered in one case as circumstances demanded. He thinks that this treatment reduces the temperature, lessens the frequency of the pulse and makes it stronger, improves the mental condition and in general converts a serious case into a mild one. Other treatment was used as the symptoms required, but it was such as does not influence the disease itself.

Dr. E. G. Waters asked if alcohol was used. Yes. Was the urine examined ?

Dr. Ellis : Not closely ; in one case it revealed the odor of the antiseptics.

Dr. John D. Blake asked upon what theory is this treatment recommended ?

Dr. Ellis : As intestinal antiseptic and it is said to counteract the typhoid poison.

Dr. Waters recently saw a case in which there was considerable albumen in the urine. Purgatives had been given followed by citrate of potassium. The next examination of the urine showed less albumen and subsequent examination revealed none at all. He regarded the congestion of the kidneys, upon which the albuminuria depended, as purely incidental.

Dr. John I. Pennington reported A Case of Placenta Previa. (See page 449.)

Dr. C. Urban Smith asked what forceps Dr. Pennington used.

Dr. Pennington : Simpson, with the Tarnier attachment.

Dr. J. T. King : Placenta previa is the most serious subject in obstetrics. Adherence of the placenta occurs in about one-third of such cases. Another

complication is the position of the cord, often eccentrically attached. The management of Dr. Pennington's case can not be questioned. Chloroform is always satisfactory in obstetrics.

Dr. Wilmer Brinton has seen fourteen cases of placenta previa. He always uses internal podalic version. Promptness of action is always necessary. He does not see why Dr. Pennington should have preferred forceps to version. Chloroform greatly relaxes the os. Hemorrhages come on very unexpectedly. He mentioned the case of a Hebrew woman who came into the hospital already infected. She lived one week after the birth of her children (twins), but died of septicemia. This is the only case of maternal mortality that he has ever seen. All his cases have been multiparous. Most of his cases have occurred at seven months of gestation. He believed in the induction of premature labor.

Dr. C. Urban Smith reported a case of Nervous Disease.

Nellie B., aged 7 years, well nourished, of average height, bright and rather above the average in intelligence, has been suffering with convulsive attacks since she was two years old. At first the convulsions were of the ordinary reflex character, such as result from digestive disturbances. They were not repeated for a period of two years. They were both tonic and clonic. Since that time she has had two or three a year, until within the past eighteen months, when they have become quite frequent, averaging one a day.

Since the child has gained in intelligence, the seizures have not been of a typical, convulsive order, but they seem to be more of a nervous twitching, without loss of consciousness, the little patient being able during the attacks to answer questions intelligently.

The paroxysm comes on suddenly; often while the child is playing on the street. She will then run rapidly to some one, in whose clothing she will bury her head deeply to hide her face while she twitches violently. Up to two years ago she would bark like a dog during the attack. When asked why she acts in this manner and hides her face, she replies that she sees fearful-looking animals jumping at her, but no one has ever succeeded in getting her to describe them. These seizures last from ten minutes to half an hour. When the attack ceases, the child resumes her play without being in the least exhausted. If placed to sleep in a dark room, she will awaken with a paroxysm, calling out for some one to come to her.

Examinations of the heart, the lungs, the kidneys and the viscera have revealed nothing pathological. The patient has a good appetite, and (as already stated) she is well nourished. Her disposition is kind and gentle. There is no history of traumatism. No hereditary taint can be discovered. There are five or six brothers and sisters, all of whom are healthy. During infancy, two of the other children had convulsions, probably of the reflex type. One child had night terrors for a period of twelve months. Father and mother are not of a nervous temperament.

The case resembles one of *petit mal*, but the complete absence of loss of consciousness and the fact that she never complains of giddiness and never staggers, seem to negative this diagnosis. She never bites her tongue, does not froth at the mouth, and does not fall. She never sleeps after the attack.

The child is rather young for hysterical convulsions, or rather I should say that she was when the disease commenced. The fact of not losing consciousness, that of not sleeping after the seizures, and the entire want of other true epileptic features, make the case look like one of hysteria, but the child shows no other symptoms of that disease. Moreover, she has never suffered any acute pain, which is often the starting point of that affection.

She has been treated for hysteria by removing her from her home surroundings and sympathetic friends. The result rather increased than lessened the attacks.

She has taken all the antispasmodics and her system has been saturated with

the bromides with only a very slight amelioration of the paroxysms.

In conclusion, I might add that this child has been seen by at least a dozen members of the profession, and from what I can learn, only two have ventured to make a diagnosis; one, of *petit mal*; the other, of hysteria.

Dr. Waters asked if the patient had ever been treated for worms.

Dr. Smith: Yes, but none had ever been found.

Dr. Blake saw no resemblance between this case and *petit mal*, nor to any other form of epilepsy. It looks somewhat like catalepsy.

Dr. C. U. Smith: Rotch speaks of a *petit mal* somewhat like this.

Dr. E. D. Ellis: What brings on these attacks?

Dr. Smith: Nothing so far as can be ascertained. The patient has no involuntary discharges. Ophthalmoscopic examination and urinary analysis have revealed nothing. Diet has had no effect. Nothing relieves the child but chloroform. The iodides have been tried without effect. Attacks occur very often in the evening when the gas is lighted, but they may occur at any time.

The Association then adjourned.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING HELD MARCH 11, 1897.

Dr. Hazen read a paper on A CASE OF CONGENITAL DISLOCATION OF BOTH KNEES. The case was that of a female child in whom the heads of the tibiae were dislocated forward, the legs making an acute angle with the thighs, allowing the toes to touch the abdomen. No patella could be found on either side. The parents would not consent to any line of treatment until during the third month when a rudimentary patella was discovered in the right knee. After reducing the deformities a plaster of Paris bandage was applied. At the time of changing the bandage improvement was noted and passive motion practiced. The child is now fourteen months old, large and active and, with the exception of a slight lateral play of the joint, the knees are normal. It is Dr. Hazen's intention to apply an apparatus with a stop joint at the knee. In the published reports of thirty-five cases, twenty-five were forward dislocations; seventeen were double; in thirteen the patella was absent at birth, and in only two was there a double dislocation in an otherwise perfectly formed infant. Discussion by Drs. Carr and Douglas.

Dr. Stone read a paper on THE CAUSES AND TREATMENT OF CYSTITIS. Dr. Stone gave as causes, infectious diseases from the urethra or ureters; influence of neighboring organs; organic diseases of the bladder, and chemical irritation. In speaking of the treatment he urged careful examination of cases, and as many of the cases are due to organs outside of the bladder, as the kidneys, prostate and uterus, attention to these would indicate a rational line of treatment. The treatment of diseases of the bladder has been revolutionized since the advent of the cystoscope. Dr. Stone lays stress upon dilatation of the urethra in women and careful distention of the bladder. He rarely sees acute cystitis not due to direct infection, either gonorrheal or instrumental. The bladder appears to be peculiarly free from disease of its mucous lining from other causes. In chronic cases he advises distention and irrigation. The chief reason for cystotomy in these cases, unattended by foreign body, is to provide drainage. In acute cases he would insist upon rest and attention to diet; give diluents, possibly alkalies. If there is retention advise irrigation. Sedatives may be required to quiet pain and spasm. In chronic cases treat on general surgical principles. The bladder must be rendered aseptic, drained and carefully distended. Cystoscopy is a very difficult operation in the male.

MARYLAND

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BALTIMORE, APRIL 3, 1897.

How we Eat.

NOT long ago the *Medical Record* had a very timely article on the penalties of irregular eating and spoke of the bad custom in so many cities of late dinners in the week with early dinners on Sunday and some holidays, thus throwing out of the gear the digestive organs, which recognize no day in the week and thrive best when meals are taken regularly.

The arbitrary division of the daily meals into three periods must have some physiological basis, for it is such a universal custom. The breakfast is from its name the first meal and the dinner varies in different places. The Germans use the word "Mittagessen," showing that their dinner is usually taken in the middle of the day.

On board of most large ocean steamers the number of meals is about double those on land. Between breakfast and luncheon there is usually a little bouillon served; between luncheon and dinner there is five o'clock tea; and after a late dinner there is served up to ten o'clock a supper. These six meals a day are appreciated by the well on shipboard because there is little else to do and the effect of the mind on the stomach seems to stimulate the appetite, helped, of course, by the sea air and outdoor exercise.

On the Continent of Europe and in some other places the breakfast is very light, consisting of a small cup of black coffee, and the second breakfast is taken about noon. The countries where such a custom is followed maintain, with some show of right, that it is entirely unphysiological to take a hearty meal on arising. They say that during sleep the secretions are reduced to a minimum and the filling of the stomach with meats and other things throws too much of a burden on an organ which is not entirely awake. The very well and healthy can take a hearty breakfast, as the average American knows, but the slightest deviation from health is shown by the abhorrence of food in the early morning.

Of late an exchange has been advocating the "no-breakfast" cure, which is said to work wonders in many diseases, and which, though hard to follow at first, when once taken up, is carried out with ease. It is undoubtedly true that while the strong and healthy American can eat steak, eggs, potatoes and other things the minute he is awake in the morning, this does not make it a natural method to follow.

As a rule the American eats too much and perhaps the European drinks too much. The Englishman often does both. The body does not require much food unless there is hard manual labor and when too much is taken it is at first stored up and digestion and assimilation even in the most healthy go on slowly and there is a feeling of fulness.

If this state of affairs is kept up the excess is carried off by the bowels, but the overworked organs soon rebel and many forms of disease which have too often been attributed to excessive drinking are indeed due to gormandizing so that, as a writer has said recently in this JOURNAL, the prohibitionist who is a glutton runs about as much risk of killing himself, although, of course, he does not lower his moral tone, as the drinker does.

Diet in health and disease requires much study and close observation and theorizing is not of as much use as this careful study and observation at the bedside of the sick and at the table of the strong and healthy.

Doctors' Bills.

If there is one person more than another whose just remuneration for services rendered should be secured in some certain and sure way, it is the physician, who is often left out in the cold after long and faithful service.

The *Medical News* has shown what the physicians are trying to do in New York. They have had introduced the following bill:

"Every executor and administrator must proceed with diligence to pay the debts of the deceased according to the following order: (1) Debts entitled to a preference under the laws of the United States. (2) Taxes assessed on the property of the deceased previous to his death. (3) Debts of the deceased, because of services rendered and materials furnished by physicians, pharmacists, nurses and undertakers. (4) Judgments docketed and decrees entered against the deceased according to the priority thereof respectively. (5) All recognizances, bonds, sealed instruments, notes, bills and unliquidated demands and accounts. Preference shall not be given in the payment of a debt over other of the same class, except those specified in the fourth class. All debts specified in the third class shall become due upon the death of the deceased and shall be paid within ninety days thereafter."

Such a proposed legislation looks very plausible, but it is doubtful if such a law could be enforced. If a physician in attending on a serious and prolonged disease should say to the family that death might result and he wished to be secured against loss of his fees, the whole community would stamp him as a brutal and mercenary doctor. In Maryland the undertaker is the only one who is sure of his pay when the estate is at least large enough to pay that one item.

A responsible person, even up to the last hour of illness, is responsible, as a rule, for the attention received and after death the estate must be charged with the services rendered; but it must be remembered that the undertaker has nothing to do with the case until after death and hence his bill is not against the deceased, like the other bills, but against the person engaging him and to say that debts of the deceased ranked in the third class shall become due upon the death of the deceased would certainly shut out the undertaker.

The question is not an easy one to decide, but the truth is in uncertain cases the physician should be classed among the preferred creditors and his remuneration, however, should be guaranteed to him.

* * *

Maryland as a Winter Resort.

Notwithstanding the fact that there is much disagreeable and trying weather in Maryland in winter, it is by comparison much easier to bear and this State does present a much more equable temperature and a more enjoyable atmosphere than many regions in the northeast and on the great lakes.

As a consequence Maryland, and especially Baltimore, has grown of late to be somewhat of a winter resort. It is the largest city south of Philadelphia and offers many inducements as to natural beauty and educational facilities. Added to that, its amusements in the theaters, its good music, the fine art galleries and several large educational institutions all tend to make it a very attractive place for visitors seeking a change, far enough removed from the ocean to have the east winds tempered by the intervening land and hilly and sandy enough to dry up soon after a rain.

There are some months in the year, especially from the beginning of winter through to May, when there are many days in succession of almost ideal spring and when the invalid and even the well person whose strength is slightly below par, may enjoy the outdoor air and regain strength and health. Again, Baltimore is small and every attraction is within reach with little trouble or fatigue.

As was said, there are some days in winter when the weather is very trying and hard to bear, but there are many more days of almost balmy spring when other large cities have cold winds and snows almost unsupportable.

Physicians of Maryland, and especially of Baltimore, should inform themselves of the meteorological and climatological conditions of their own home and never fail to speak well to strangers of the desirable qualities of this region as a winter resort.

The bilious pessimist usually forgets the sunshine as soon as rain and dark days come, and croaks of the bad weather, but the honest man will by actual count find that there are many clear, beautiful days which promote life and health and make this region one to be recommended in the cold and changing season.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 27, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		21
Phthisis Pulmonalis		29
Measles	16	
Whooping Cough		
Pseudo-membranous Croup and Diphtheria	25	5
Mumps		
Scarlet fever	23	
Varioloid		
Varicella	3	
Typhoid fever	2	3

The government of India has forbidden all pilgrimages from India to Mecca for a year.

Fairchild Brothers & Foster have taken action against a Newark druggist for substituting.

Dr. Peter D. Keyser, one of the oldest and most prominent oculists of the country, died at Philadelphia recently, aged 62.

An exchange says that Ex-Surgeon-General Hamilton proposes to try and have Surgeon-General Wyman deposed by President McKinley.

Dr. Henry B. Jacobs has taken the office formerly occupied by the late Dr. P. C. Williams at the corner of Cathedral and Howard Streets.

Dr. Nicholas Senn has purchased the enormous library of the late Du-Bois Reymond of Berlin and has presented it to the Newberry Library of Chicago.

Dr. H. A. Hare of Philadelphia has been appointed by Messrs. Parke, Davis & Co. of Detroit as Consulting Therapeutist to their pharmacological and bacteriological laboratories.

Invitations have been issued by the American Surgical Association and the Alumni Association of the Jefferson Medical College of Philadelphia to the unveiling of the statue of the late Samuel D. Gross, M. D., near the Army Medical Museum in Washington, on Wednesday, May 5, at 5 P. M.

Dr. J. M. Hundley has removed to 1009 Cathedral Street, near Eager. His office hours are until 10 A. M., 3 to 4 and 7 to 8 P. M. Telephone call 3582.

The next course of ten lectures instituted by the late Professor Thomas Dent Mütter, M. D., LL.D., on "Some Point or Points in Surgical Pathology," will be delivered in the winter of 1899-1900 before the College of Physicians of Philadelphia. The compensation is $600. The appointment is open to the profession at large. Applications stating in full the subjects of proposed lectures must be made before October 1, 1897, to Committee on Mütter Museum, John H. Brinton, M. D., Chairman, northeast corner Thirteenth and Locust Streets, Philadelphia, Pa.

The Fifty-third Annual Meeting of the American Medico-Psychological Association will be held at the Hall of the Medical and Chirurgical Faculty, 847 N. Eutaw Street, Baltimore, on May 11, 12, 13 and 14, 1897, at 10 A. M. The following papers are announced: The President's Address, Theophilus O. Powell, Milledgeville; Annual Address, The Relations of Neurology to Psychiatry, B. Sachs, New York; The Medical and Material Aspects of Industrial Employments for the Insane, G. Alder Blumer, Utica; The Constructive Forces, Ralph L. Parsons, Greenmont; Insanity Following Surgical Operations, Richard Dewey, Chicago; General Questions of Auto-infection, Charles K. Clarke, Kingston; The Historical Development of the Conception of Auto-intoxication, August Hoch, Waverly; The Rôle of Auto-infection in Melancholia and Epilepsy, Charles G. Hill, Baltimore; Clinical Aspects of Auto-intoxication, Arthur W. Hurd, Buffalo; Another Chapter in the History of the Jurisprudence of Insanity, Daniel Clark, Toronto; Nursing in State Hospitals and Training of Nurses, Peter M. Wise, Albany; The Development of the Higher Brain Centers, Stewart Paton, Baltimore; The Private Hospital for the Insane, Carlos F. MacDonald, Pleasantville; An Unusual Case of Meningits, C. B. Burr, Flint; Commitment of the Insane, Edward N. Brush, Towson; Sporadic Cretinism in the Negro, Henry J. Berkley, Baltimore; Hospital Records, R. L. Parsons, Greenmont; The Genesis of a Delusion, A. B. Richardson, Columbus; Insanity Occurring in Cases of Exophthalmic Goiter, H. B. Jacobs, Baltimore.

Book Reviews.

ANOMALIES AND CURIOSITIES OF MEDICINE: Being an Encyclopedic Collection of Rare and Extraordinary Cases, and of the Most Striking Instances of Abnormality in all Branches of Medicine and Surgery, derived from an Exhaustive Research of Medical Literature from its Origin to the Present Day, Abstracted, Classified, Annotated and Indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D. Imperial Octavo, 968 pages, with 295 Illustrations in the Text and 12 Half-tone and Colored Plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897. Prices: Cloth, $6.00 net; Half Morocco, $7.00, net. Sold only by subscription.

This is one of the most remarkable works in medical science that has ever been published. The list of anomalies and curiosities has been collected and arranged only after the most penetrating and exhaustive searching on the part of the two authors. It would be impossible to notice critically this enormous work in a few words. It is not only a catalogue of freaks and deformities so well-known to museums and other such places, but it is a record of abnormal proceedings, of physiological acts abnormally executed. Of course, teratology claims a large part of the work.

The chapter headings are: Genetic Anomalies; Prenatal Anomalies; Obstetric Anomalies; Prolificity; Major Terata; Minor Terata; Anomalies of Stature, Size and Development; Longevity; Physiological and Functional Anomalies; Surgical Anomalies of the Head and Neck; of the Extremities; of the Thorax and Abdomen; of the Genito-Urinary System; Miscellaneous Surgical Anomalies; Anomalous Types and Instances of Disease; Anomalies of Skin Diseases; Anomalous Nervous and Mental Diseases; Historical Epidemics.

The index is very full and complete. The publisher's work is all that could be desired.

DR. JOHN C. HEMMETER of Baltimore, who makes diseases of the stomach and intestines a specialty and whose work at the Baltimore Medical College has given such satisfaction, is about to bring out a book on Diseases of the Stomach. It will be published by P. Blakiston, Son & Co. of Philadelphia.

THE *Texas Medical Practitioner* is the new name of the old *Texas Health Journal*. Dr. A. M. Elmon is the editor.

Current Editorial Comment.

THE MEDICAL DIRECTOR.

Medical Examiner.

THE idea seems to prevail that the post of Medical Director at the home office of an insurance company is about as desirable as a surgeon-generalship at the seat of government, and that to represent companies in important cities, or within a certain territory, is equally desirable.

INSTRUCTION IN ETHICS.

Medical News.

TO THOSE students who cannot be dissuaded from entering an over-crowded profession, should be given, some time during their course of study, a series of plain, practical talks, by some member or members of the faculty, which will open their eyes to things which books and laboratories cannot teach, a course of future conduct which will tend to make them respected, self-respecting and, haply, materially successful physicians.

FOREIGN PRODUCTS ADVERTISED.

"An American Manufacturer" in Journal of A. M. A.

FOR the life of me I can not see how some of our practitioners can legitimately maintain the position which they occupy. They will refuse to prescribe "mercauro" for example because it is proprietary, notwithstanding its formula was long ago published in the *Journal*, while on the other hand they will not only prescribe, but will write about and talk about foreign products which are not only proprietary in the fullest and widest acceptation of the term, but are also patented, yes, absolutely patented! This matter strikes me as being an injustice to American progress in chemistry and therapeutics. I can not see why a foreign product should be received with open arms and taken into the ethical fold, when everything in connection with that product is doubly at odds with the code of ethics. This is really a serious subject and is getting more and more serious. The foreigners have a big advantage over us under the existing circumstances, for the manufacturers go ahead and make their own statements, attribute them to some doctor with a foreign name, resort to all sorts of measures to have the articles quoted, and I am sorry to say that they meet with success.

Publishers' Department.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. J. B. SCHWATKA, M. D., President. S. T. ROEDER, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON. M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. HENRY L. HAYES, M. D., Recording Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D. Secretary, W. K. BUTLER, M. D.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President; DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. F. W. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

DANIEL'S PASSIFLORA INCARNATA.—This well-known remedy has been on the market for a number of years and has earned a degree of popularity seldom attained by other like preparations, due solely to the fact that it possesses real merit and has ever been maintained up to the highest standard of excellence. Many eminent physicians have highly endorsed this preparation and both constantly use and prescribe it in all sections of the country. It is especially commendable in cases of spasms, tetanus and all nervous diseases and has been prescribed with great success in cases of delirium tremens and in typhoid and other fevers. Write for particulars to the well-known and thoroughly reliable firm of Jno. B. Daniel, 34 Wall Street, Atlanta, Ga.

WHOOPING COUGH.—Last winter my little six year old daughter was taken with above disease which was epidemic in our town. I tried faithfully and religiously the old and recognized treatment, exhibiting bromides of sodium and potassium, bromoform, belladonna and antipyrine in succession, but with no success. The paroxysms did not abate in frequency nor severity, but if anything increased, and finally, after three weeks' sickness with no relief, the little patient's condition was precarious. Pulmonary edema was developing from failure of the right side of the heart and I was at my wit's end to know what to do. By chance I was urged to try Vapo-Cresolene, prepared and sold by Messrs. Schieffelin & Company of New York City. I caught the first train going to St. Paul, as time was precious, and procured at a wholesale house a supply. Gentlemen of the profession, the result of the trial was almost miraculous. It is a dark fluid smelling strongly of creosote, and is exhibited by vaporizing it by a little lamp that accompanies the medicine. Let me say that within twelve hours after we first used it, my child breathed easier, the paroxysms abated in length and severity and in two days she was out of danger and her recovery was rapid and complete. In ten years of hospital and private practice I have never seen anything like it. "It cures while the patient sleeps."—O. C. TABOR, M. D., Sec. U. S. Pension Ex. Board, Princeton, Minn., in *Daily Lancet*, February 2, 1897.

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This is to certify that the exact Antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1:50). Test-tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the Anthrax Bacillus and with the Staphylococci of Pus and the tubes placed in the incubator for 48 hours at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten, to one in fifty, there was no development of bacteria.

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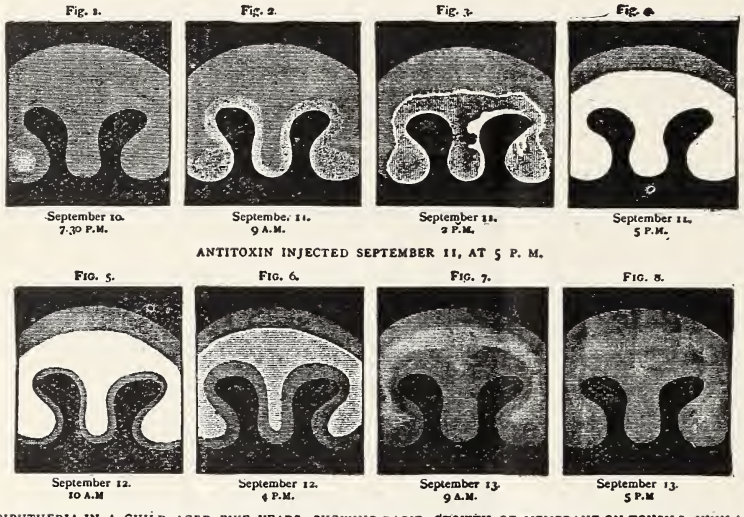
PROGRESS IN MEDICAL SCIENCE.

THE TREATMENT OF DIPHTHERIA.

By Dr. Jos. H. Lopez,
Philadelphia.

In the treatment of diphtheria the most important step is to make an early diagnosis, and the next is to give antitoxine in sufficiently large doses as soon as the diagnosis is made. I beg to cite a case of more than usual interest as regards the rapid extension of the membrane (see illustration), as well as the prompt and decisive action of antitoxine.

The patient, a girl of five years of age, was brought to my office September 10, at 7.30 P. M. Examination of the throat revealed a small white spot on the right tonsil (Fig. 1).



DIPHTHERIA IN A CHILD AGED FIVE YEARS, SHOWING RAPID GROWTH OF MEMBRANE ON TONSILS, UVULA, AND SOFT PALATE, AND ITS SUBSEQUENT RAPID DISAPPEARANCE UNDER THE USE OF ANTITOXIN.

The following morning this white patch had extended, forming a continuous white line from the right tonsil across and around the uvula to the left tonsil (Fig. 2). The diagnosis was evident. I subsequently learned that another child, a boy of seven years and a brother of my little patient, had died from diphtheria after three days' illness, and was buried the day I first saw the little girl. At 5 P. M., I injected 1000 units of Mulford's Potent Antitoxine; at 10 A. M. of the following day, the grayish-white line was displaced by a red line (Fig. 5), the red line of demarcation indicating that the healing, or neutralizing, effect of the remedy had commenced. When this red line was once gained, the membrane disappeared as rapidly as it had appeared. At 5 P. M. of the same day, fully one-third had disappeared, while, after twenty-four hours, scarcely a trace remained. All the symptoms began to ameliorate within twelve hours after giving the injection. Only one injection was found necessary. The supplementary treatment was that which I generally employ. This consists of calomel in repeated doses till the alimentary tract is cleared, sprays of peroxide of hydrogen, stimulants, and general tonics, according to the special indications of the case.

It is not well to rely solely upon antitoxine, since there are always indications for treatment which can only be met by other remedies. In two of my most malignant cases, however, I had to rely entirely on the antitoxine, as the stomach was too irritable to bear either food or medicine. The danger from diphtheria in advanced stages is great but there is no danger from an overdose of antitoxine if a reliable preparation is used.

The physician can not be too careful in the selection of his antitoxine. When one physician requires from two to ten injections to do what others can accomplish with one or two, the fault must be with the product he is using. My own experience is restricted to American antitoxine.

Such has been my experience with antitoxine, though limited to thirty-seven cases, with perhaps more than double that number of immunizing doses administered. As I invariably resort to immunization, it has been my fortune not to have a second case of diphtheria in the same family since using antitoxine.

Mulford Co. have introduced a highly concentrated serum which I prefer, since it removes all objections to the serum treatment, due to the large quantity of serum to be injected, and is, in my opinion, the greatest improvement yet made in diphtheria antitoxic serum.

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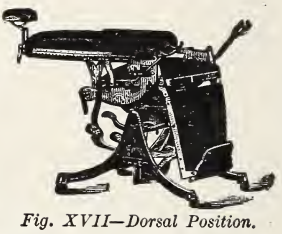

Fig. XVII—Dorsal Position.

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... SEASONABLE THERAPEUTICS ...

The Treatment of Influenza or La Grippe

It is quite refreshing these days to read of a clearly defined treatment for Influenza or La Grippe. In an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious.

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness, generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone, we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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